

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037512

1. Entity Name

PROFESSIONAL HEALTH CARE ASSOCIATES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90125 001 ***150.00

Principal Place of Business

Mailing Address

773 MCMILLAN RD
 CHATTAHOOCHEE FL 32324

PO BOX 427
 CHATTAHOOCHEE FL 32324-0427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3490012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, DYRON
 773 MCMILLAN RD
 CHATTAHOOCHEE FL 32324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

DYRON WILLIAMS

Dyron Williams

4-16-2000

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D.
 STREET ADDRESS COLSTON, ROWENA
 CITY-ST-ZIP P O BOX 456 N/A
 MIDWAY FL 32343

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D.
 STREET ADDRESS BETHEA, CHRISTINE
 CITY-ST-ZIP RT 1, BOX 3128
 HAVANA FL 32333

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D.
 STREET ADDRESS PEOPLES, SHILDA
 CITY-ST-ZIP P O BOX 193 N/A
 QUINCY FL 32353

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D.
 STREET ADDRESS WILLIAMS, DYRON
 CITY-ST-ZIP P O BOX 609 N/A
 CHATTAHOOCHEE FL 32324

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D.
 STREET ADDRESS BRYANT, BRENDA
 CITY-ST-ZIP 907 HASTIE RD
 TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D.
 STREET ADDRESS FURLOW, JESSIE
 CITY-ST-ZIP RT 6, BOX 420-H
 QUINCY FL 32351

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dyron Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-2000 850 663-4018

CR2E034 (9/99)